

# Economic Analysis of RSV Vaccination in Older Adults

**David W. Hutton, PhD, MS**

Associate Professor, Health Management and Policy, School of Public Health

Associate Professor of Global Public Health, School of Public Health

Associate Professor, Industrial and Operations Engineering, College of Engineering



**University of Michigan**



# Research Team

## University of Michigan

- David Hutton, PhD
- Lisa Prosser, PhD
- Angela Rose, MPH
- Kerra Mercon, MS

## CDC

- Michael Melgar, MD
- Mila Prill, MSPH
- Jamison Pike, PhD
- Ismael Ortega-Sanchez, PhD
- Fiona Havers, MD
- Michael Whitaker, MPH
- Christopher Taylor, PhD

# Conflicts of interest statements

- No known conflict of interests.

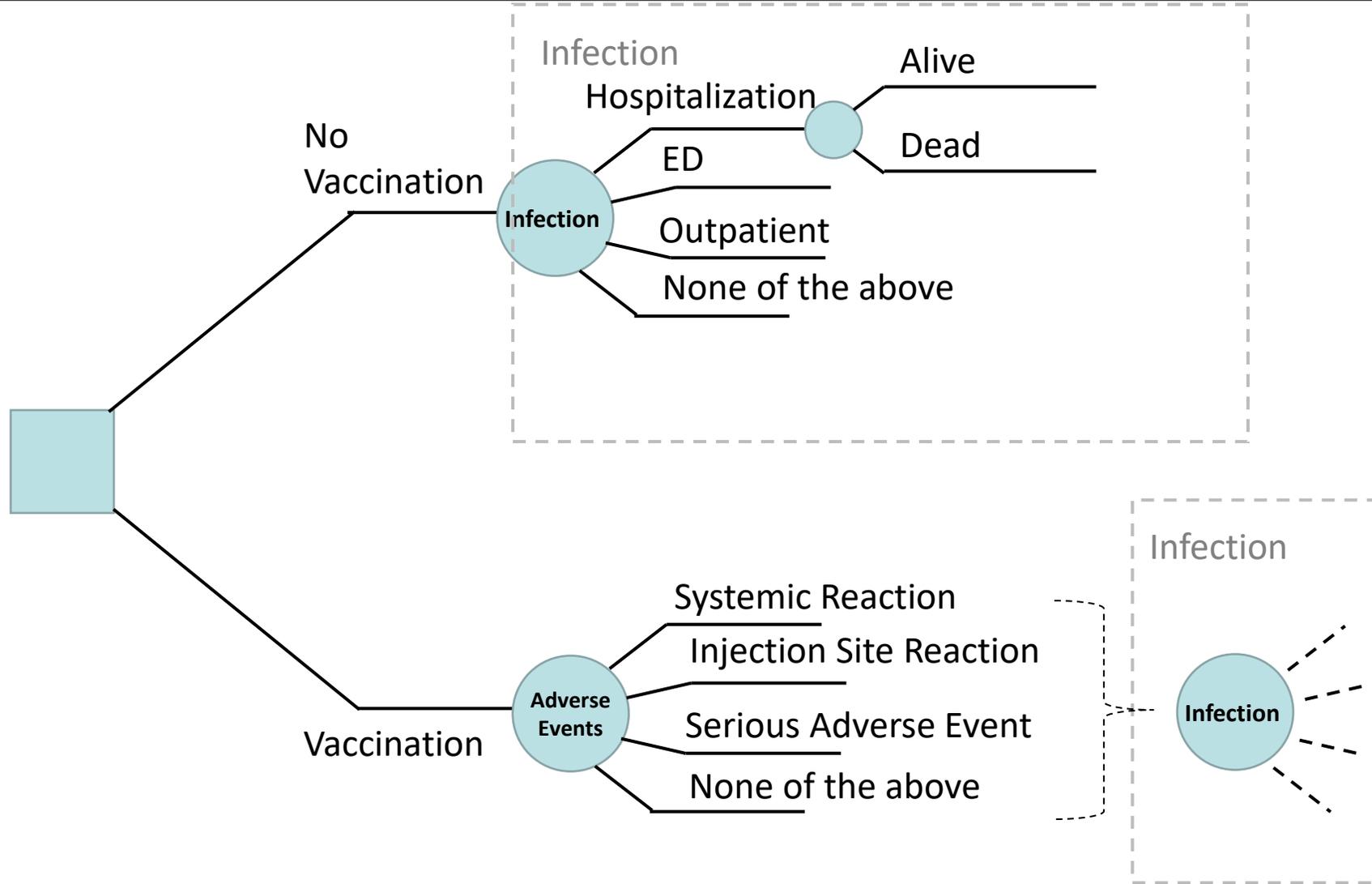
# Methods: Study question

- Determine the cost-effectiveness of RSV vaccination by:
  - Evaluating the population burden of disease in the US population
    - ≥60 years old
    - ≥65 years old
    - ≥70 years old
    - ≥75 years old
    - Examining outcomes:
      - resource utilization
      - total cases
      - total costs
      - deaths
      - quality-adjusted life years
  - Comparing vaccination to no vaccination using the incremental cost-effectiveness ratio
  - Scenario analyses exploring uncertainty.
- Perspective: Societal

# Methods: Intervention(s)

- Target population: US adults, stratified by age
- Interventions: GSK and Pfizer vaccines
- Each compared to No Vaccination
  - Base case assumes the age-based RSV vaccination recommendation is for ages  $\geq 65$
- Time horizon: 1 year
- Analytic horizon: lifetime
- Discounting rate: 3%

# Methods: Decision Tree Model



# Methods: Epidemiology

- Incidence of RSV
  - Raw reported incidence may be underreported because of imperfect PCR sensitivity
    - Base case assumption: 95% sensitivity
    - Additional scenario: lower sensitivity
      - Zhang et al study which found decreased RSV PCR sensitivity when paired serology testing was added as an additional testing method.

# Methods: Epidemiology Hospitalization

RSV incidence, per 100,000

*Hospitalization*

Variable	Value	Range	Source
60≤ age ≤64 years	42	29 – 103	CDC RSVnet
65≤ age ≤74 years	67	48 – 203	
age ≥75 years	193	133 – 575	

- CDC RSVnet data from RSV seasons: 2015-16, 2016-17, 2017-18, and 2018-19.
- Base value is based upon the average burden adjusted rate over those four seasons.
- “burden adjusted” means it is adjusted for a "Standard" PCR test sensitivity of 95%\*.
- Range lower bound is based on the lower 95% confidence limit for the base estimates
- Range upper bound is based on the upper 95% confidence limit but also uses a different “burden adjustment” multiplier of 1.4x based on a reduced PCR test sensitivity \*\*

\* Kujawski SA, Whitaker M, Ritchey MD, Reingold AL, Chai SJ, Anderson EJ, Openo KP, Monroe M, Ryan P, Bye E, Como-Sabetti K, Barney GR, Muse A, Bennett NM, Felsen CB, Thomas A, Crawford C, Talbot HK, Schaffner W, Gerber SI, Langley GE, Kim L. Rates of respiratory syncytial virus (RSV)-associated hospitalization among adults with congestive heart failure-United States, 2015-2017. PLoS One. 2022 Mar 9;17(3):e0264890. doi: 10.1371/journal.pone.0264890. PMID: 35263382; PMCID: PMC8906631.

\*\* Zhang Y, Sakthivel SK, Bramley A, Jain S, Haynes A, Chappell JD, Hymas W, Lenny N, Patel A, Qi C, Ampofo K, Arnold SR, Self WH, Williams DJ, Hillyard D, Anderson EJ, Grijalva CG, Zhu Y, Wunderink RG, Edwards KM, Pavia AT, McCullers JA, Erdman DD. Serology Enhances Molecular Diagnosis of Respiratory Virus Infections Other than Influenza in Children and Adults Hospitalized with Community-Acquired Pneumonia. J Clin Microbiol. 2016 Dec 28;55(1):79-89. doi: 10.1128/JCM.01701-16. PMID: 27795341; PMCID: PMC5228265.

# Methods: Epidemiology

## ED and Outpatient

Variable	Value	Range	Source
<b>RSV incidence, per 100,000</b>			
<b><i>Emergency Department</i></b>			
60≤ age ≤64 years	74	59 – 132	McLaughlin 2022
65≤ age ≤74 years	133	0 – 478	
age ≥75 years	133	0 – 478	
<b>RSV Incidence, per 100,000</b>			
<b><i>Outpatient</i></b>			
60≤ age ≤64 years	1148	935 – 2041	McLaughlin 2022
65≤ age ≤74 years	1519	1109 – 2893	
age ≥75 years	1519	1109 – 2893	

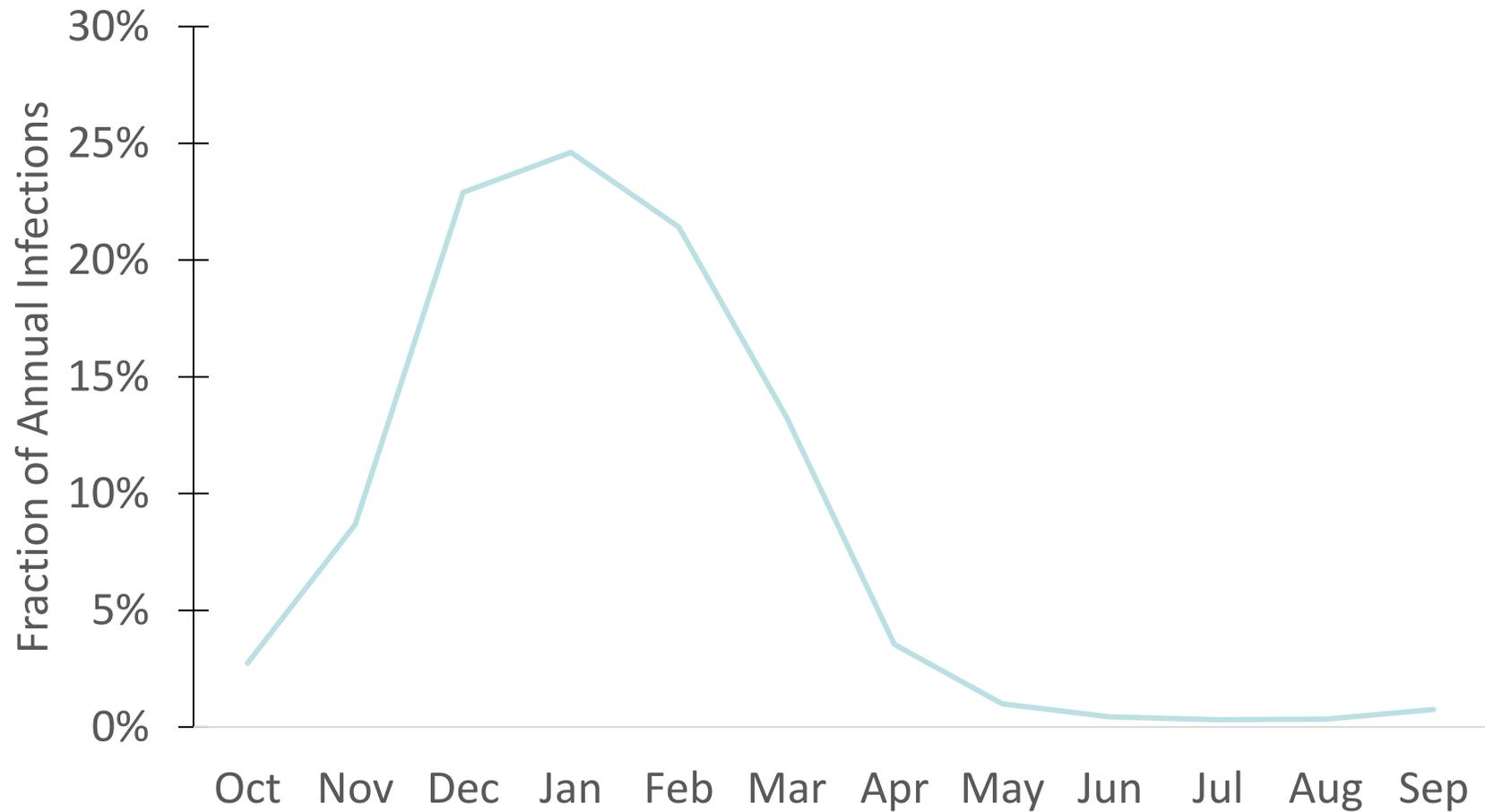
- McLaughlin et. al. is a Pfizer-sponsored meta-analysis
- Range upper bound is based on the upper 95% confidence limit but also uses the authors' multiplier of 1.5x to adjust for PCR sensitivity

# Methods: Inputs

Variable	Value	Range	Source
<b>RSV mortality per hospitalization</b>			
60 ≤ age ≤ 64 years	3.9%	3.12% – 4.68%	CDC RSVnet
65 ≤ age ≤ 74 years	4.3%	3.44% – 5.16%	
age ≥ 75 years	5.7%	4.56% – 6.84%	

CDC RSVnet data includes the following RSV seasons: 2015-16, 2016-17, 2017-18, and 2018-19.  
Ranges incorporate a 20% increase/reduction from the base case value

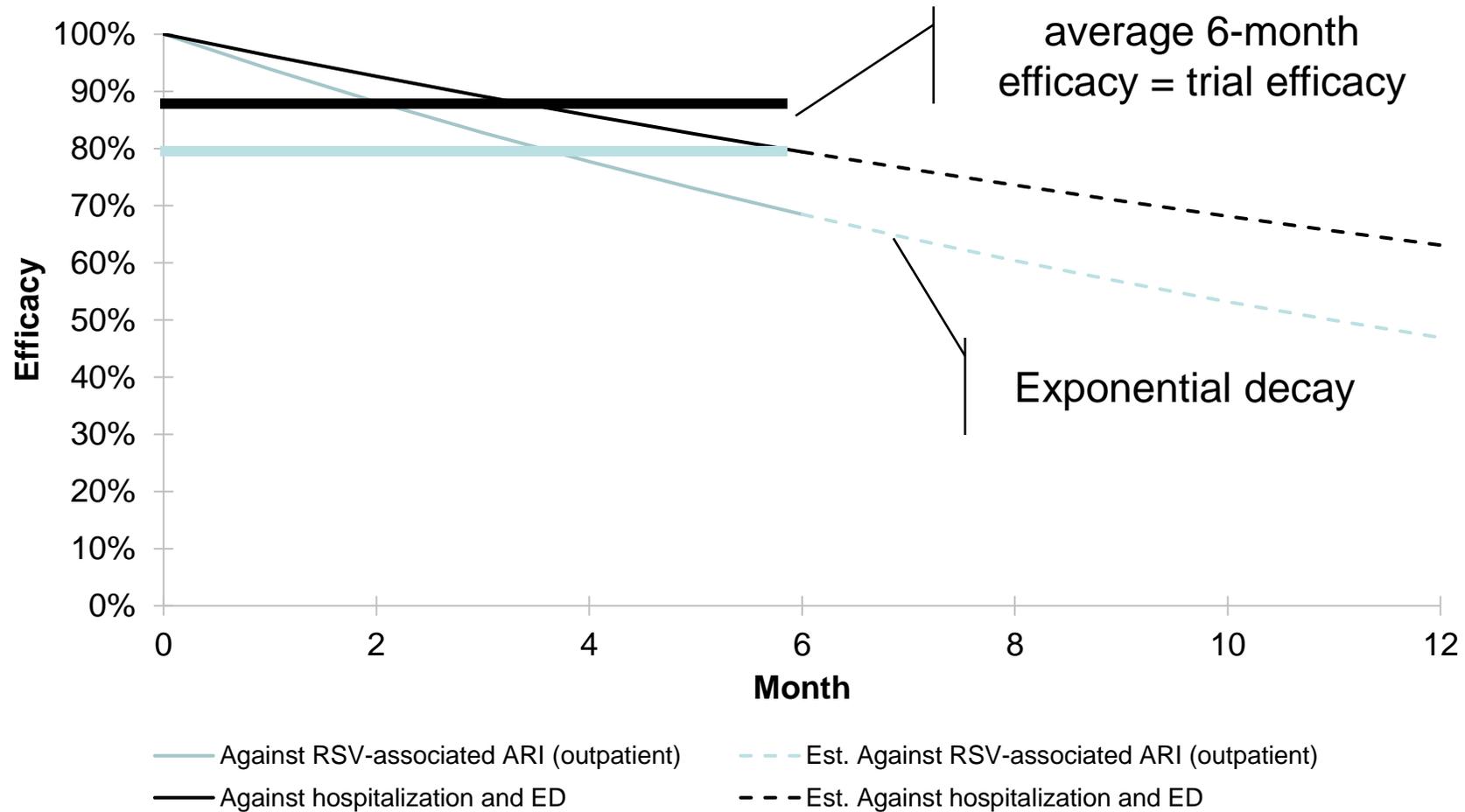
# Methods: Incidence Seasonality



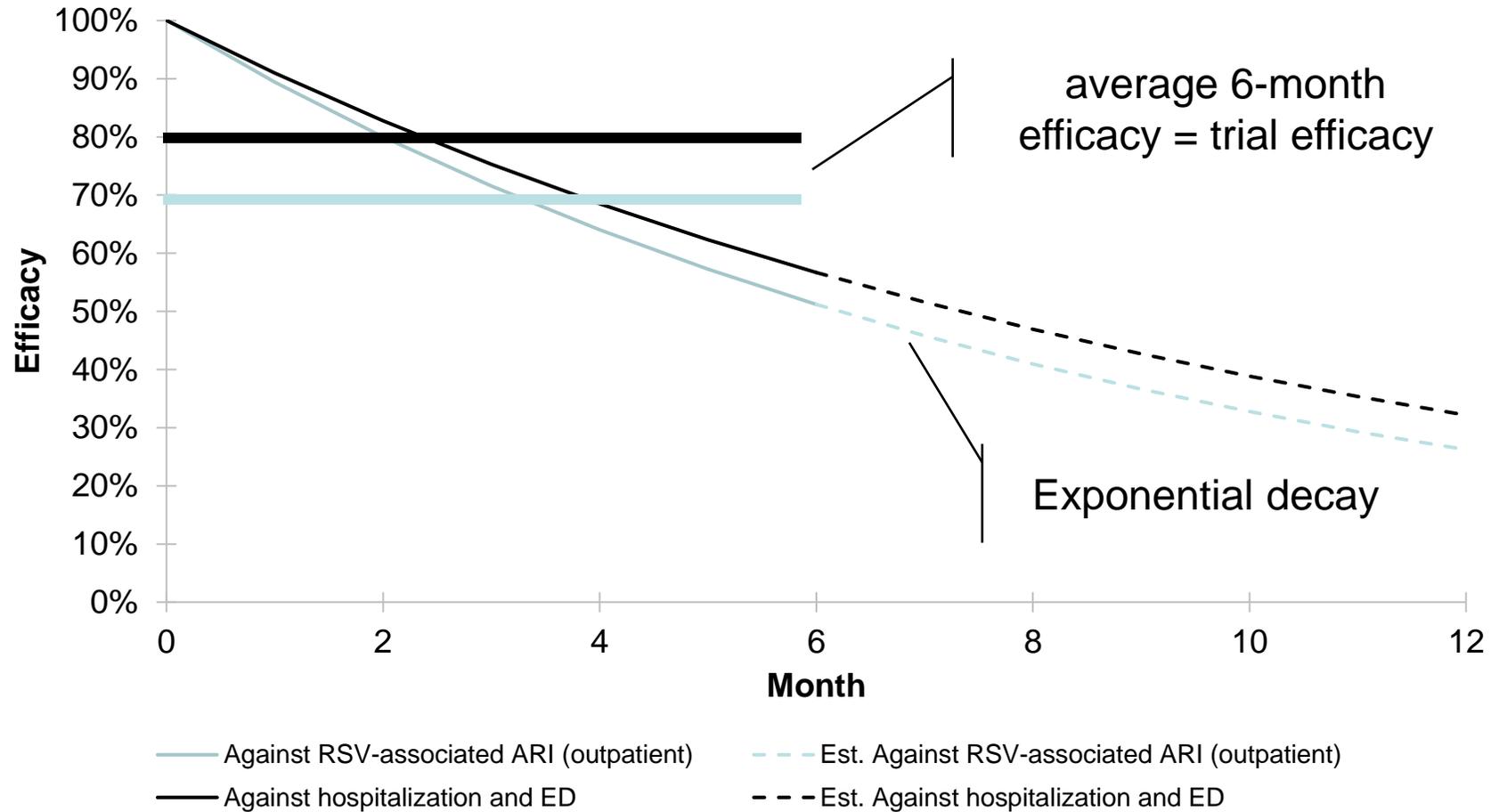
# Methods: Efficacy

Variable	Value	Range	Source
<b>Vaccine Efficacy (%)</b>			
<b><i>GSK</i></b>			
Medically attended RSV LRTI/LRTD (ED, and hospitalization)	87.5%	58.4% – 96.2%	GSK phase 3 trial
Medically attended RSV ARI (outpatient)	79.0%	54.3% – 91.5%	GSK phase 3 trial
<b><i>Pfizer</i></b>			
Medically attended RSV LRTI/LRTD (ED, and hospitalization)	80.0%	6.3% – 97.9%	Pfizer phase 3 trial
Medically attended RSV ARI (outpatient)	69.2%	30.0% – 88.0%	Pfizer phase 3 trial

# Efficacy: GSK



# Efficacy: Pfizer



# Methods: RSV Medical Costs

Variable	Value	Range	Source
<b>Disease-specific hospitalization costs (per hospitalization)</b>			
60≤ age ≤64 years	\$20,330	9,288 – 45,454	Ackerson 2020*
65≤ age ≤74 years	\$20,330	10,491 – 43,619	
age ≥75 years	\$21,339	10,491 – 43,619	
<b>Disease-specific ED costs (per ED visit)</b>			
60≤ age ≤64 years	\$1,210	-	2016 Marketscan*
65≤ age ≤74 years	\$1,210	-	
age ≥75 years	\$1,210	-	
<b>Disease-specific outpatient costs (per outpatient visit)</b>			
60≤ age ≤64 years	\$117.58	65.88-145.38	MarketScan and Medicare FFS, 2020-2021
65≤ age ≤74 years	\$100.86	50.48-120.08	
age ≥75 years	\$100.86	50.48-120.08	

\*Updated to Q3 2022\$ using GDP Deflator

# Methods: Vaccination-Related Costs

Variable	Value	Range	Source
Vaccine, per dose	\$100	\$50-\$200	Assumption
Vaccine administration	\$16.96	-	HCPCS 90460 (Physician Fee Schedule 2022)

And productivity costs for individuals time at clinic or pharmacy

# Methods: RSV Health-Related Quality-of-Life

Variable	Value	Range	Source
QALYs lost due to			
Outpatient RSV	0.0185	0.0053-0.0347	JIVE COVID/RSV utilities study (unpublished)
Hospitalized RSV	0.0193	0.0095-0.0316	

# Methods: Additional Inputs

- Also included
  - RSV illness productivity costs
  - Vaccination productivity costs
  - Vaccination adverse events
    - Systemic reactions
    - Injection site reactions
    - Serious adverse events
    - Medical costs
    - Productivity costs

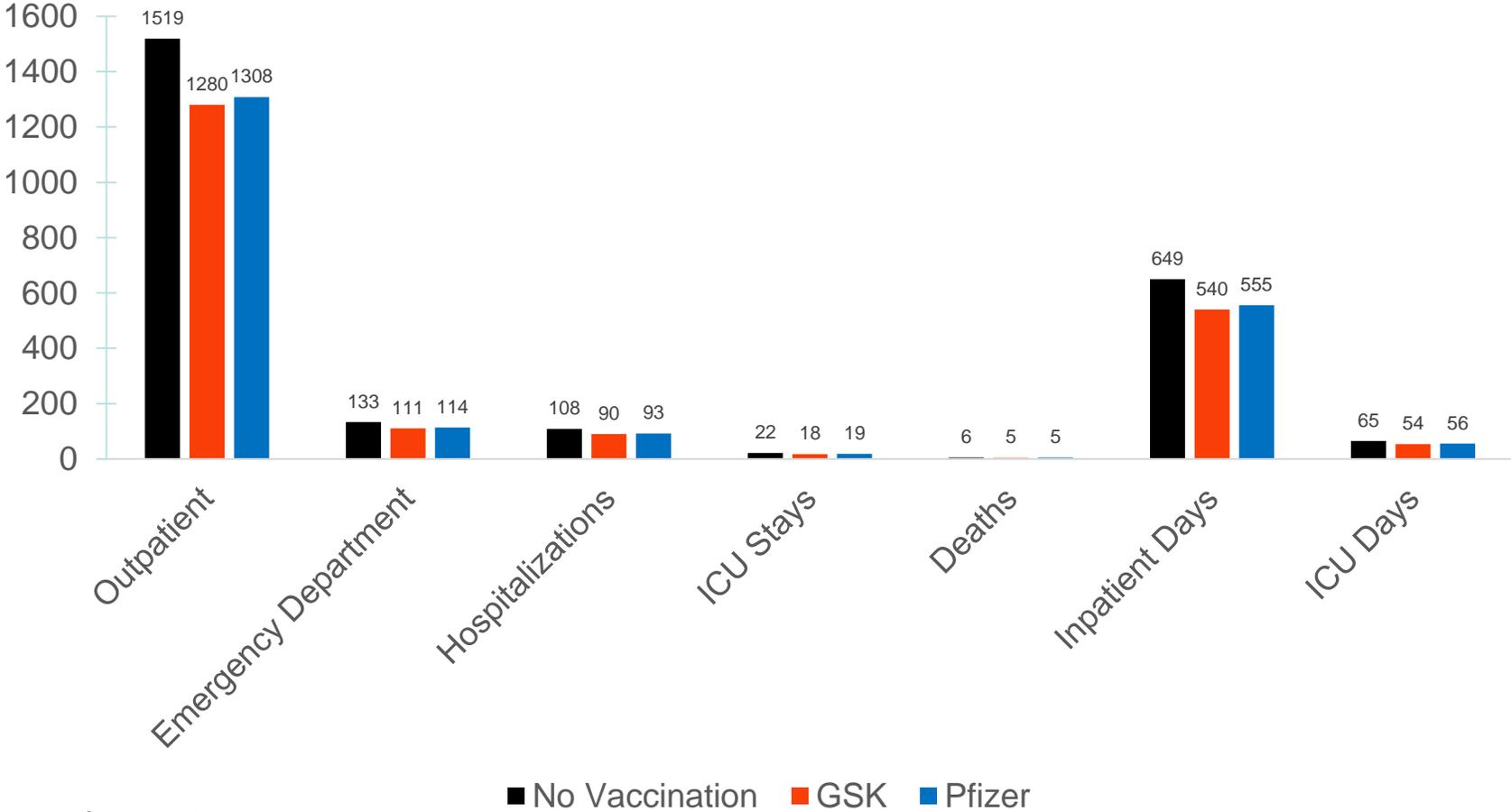
# Methods: Sensitivity analyses

- Sensitivity analyses conducted
  - One-Way and Two-Way
  - Age-based recommendation for RSV vaccination
    - age  $\geq 60$  years
    - age  $\geq 65$  years
    - age  $\geq 70$  years
    - age  $\geq 75$  years
  - Vaccine cost
    - \$50-\$200
- Scenario analysis: Higher incidence

# Results: Base Case

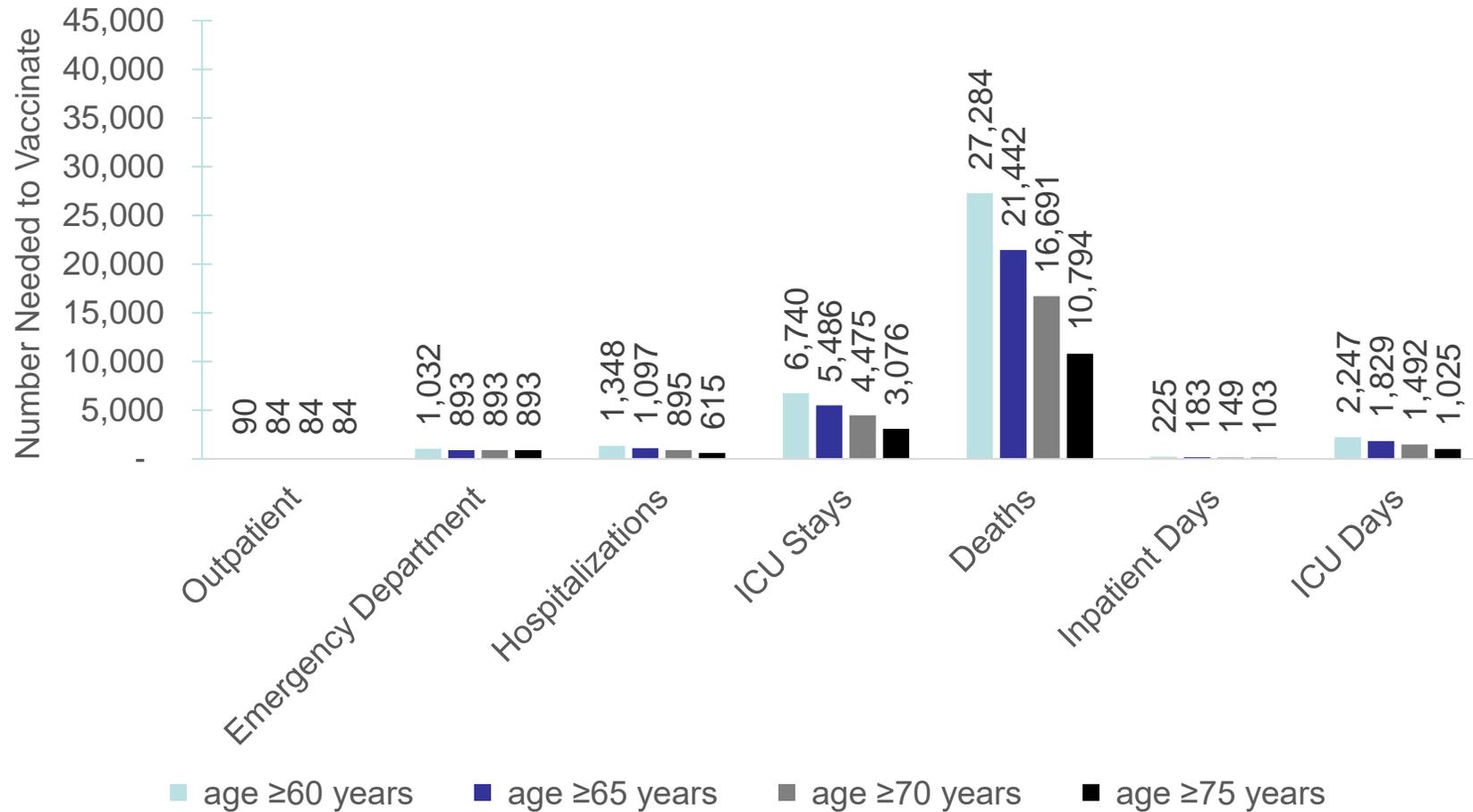
- Cohort of 100,000
- 20% vaccination coverage
- Age-based vaccination recommendation:  $\geq 65$  years
- \$100 vaccine cost
- One Year Time Horizon

# Health Outcomes

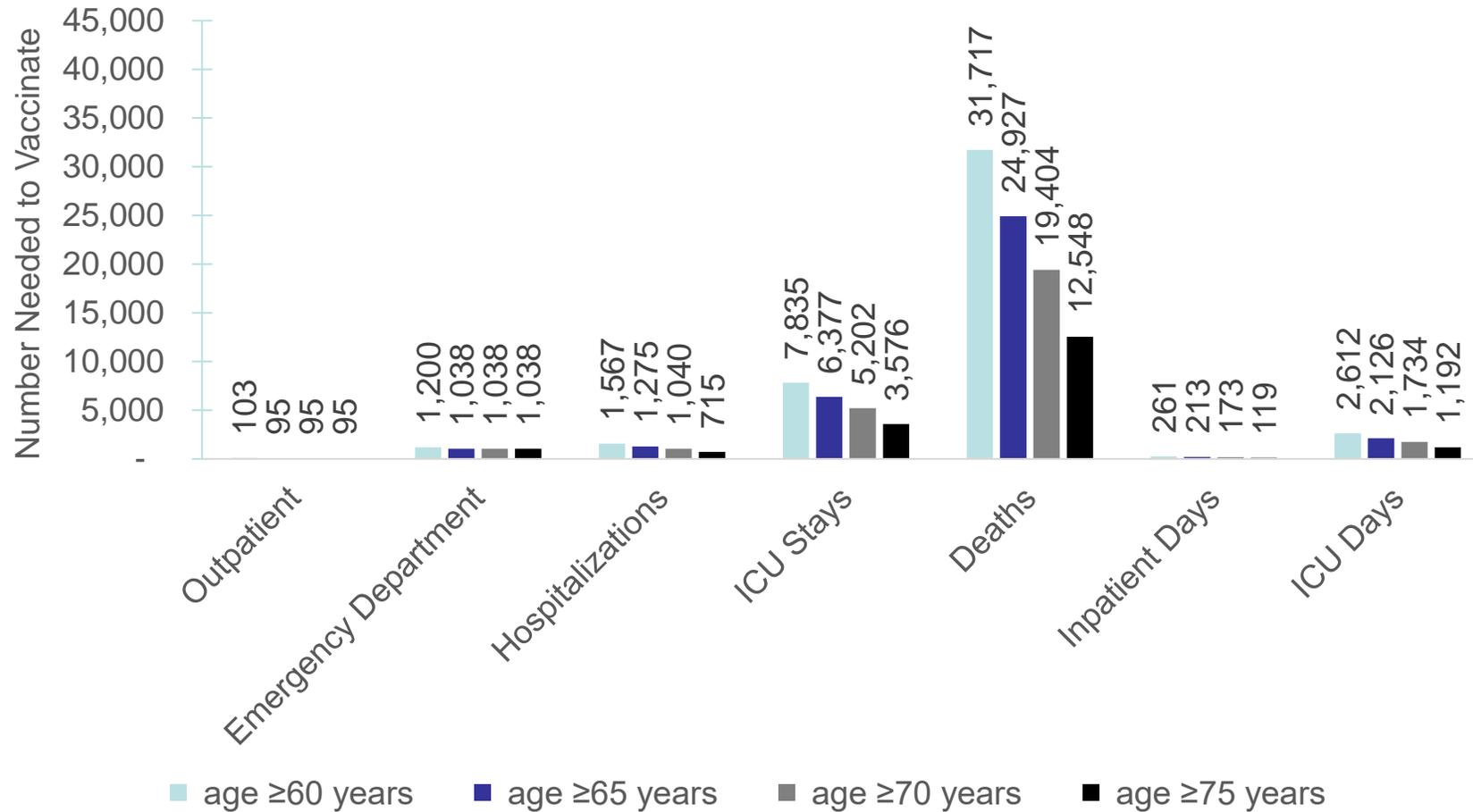


\$100 vaccine cost  
One Year Time Horizon  
Cohort: 100,000, 20% uptake  
Age-based vaccination recommendation: ≥65 years

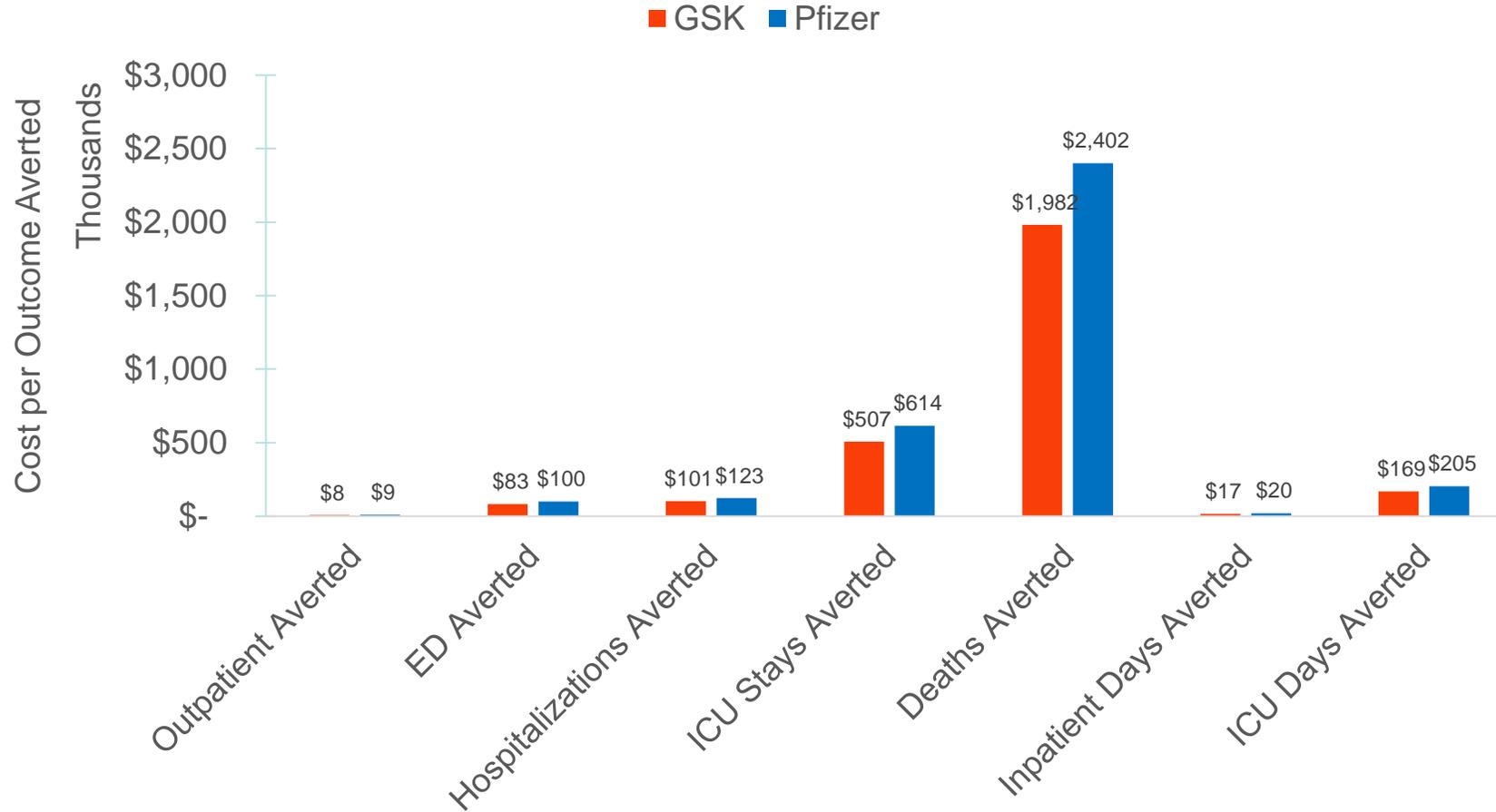
# Number Needed to Vaccinate, GSK



# Number Needed to Vaccinate, Pfizer



# Cost per Outcome Averted (\$ thousands)



\$100 vaccine cost  
One Year Time Horizon  
Age-based vaccination recommendation:  $\geq 65$  years

# Summary measure(s)

## GSK

	Costs (M)	QALYs Lost	ICER (\$/QALY)	LYs Lost	ICER (\$/LY)
No Vaccination	3.75	75		55	
Vaccine	5.59	64	180,720	46	198,676

QALY = Quality-Adjusted Life-Year

ICER = Incremental Cost-Effectiveness Ratio

LY = Life-Year

Cost, QALY, and LY Results per 100,000 (20% of whom are vaccinated)

Costs in Millions of 2022 dollars

ICER values do not depend on cohort size or uptake

\$100 vaccine cost

One Year Time Horizon

Age-based vaccination recommendation: ≥65 years

# Summary measure(s)

## Pfizer

	Costs (M)	QALYs Lost	ICER (\$/QALY)	LYs Lost	ICER (\$/LY)
No Vaccination	3.75	75		55	
Vaccine	5.67	64	189,407	47	240,699

QALY = Quality-Adjusted Life-Year

ICER = Incremental Cost-Effectiveness Ratio

LY = Life-Year

Cost, QALY, and LY Results per 100,000 (20% of whom are vaccinated)

Costs in Millions of 2022 dollars

ICER values do not depend on cohort size or uptake

\$100 vaccine cost

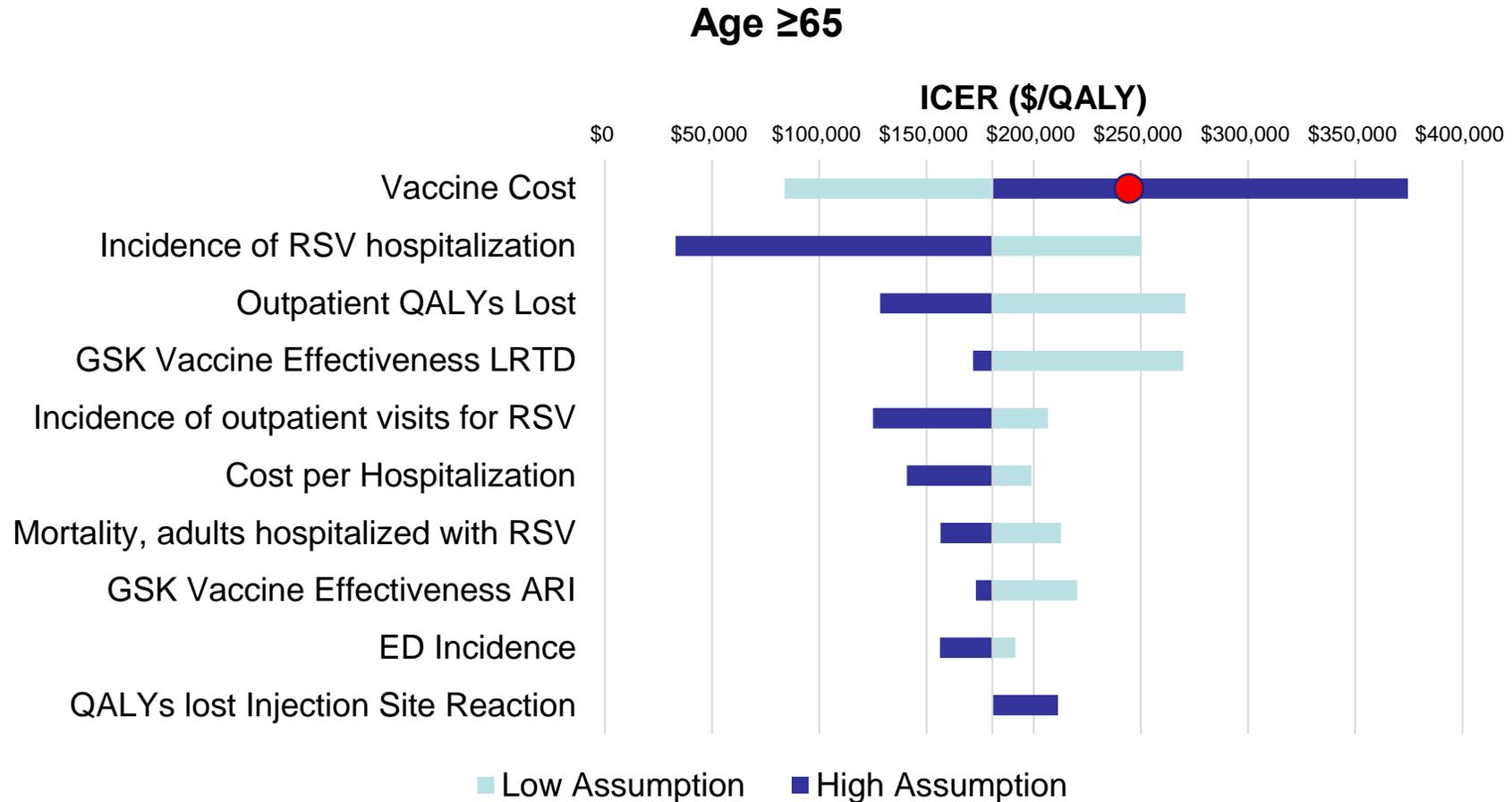
One Year Time Horizon

Age-based vaccination recommendation: ≥65 years

# Results: Sensitivity analyses,

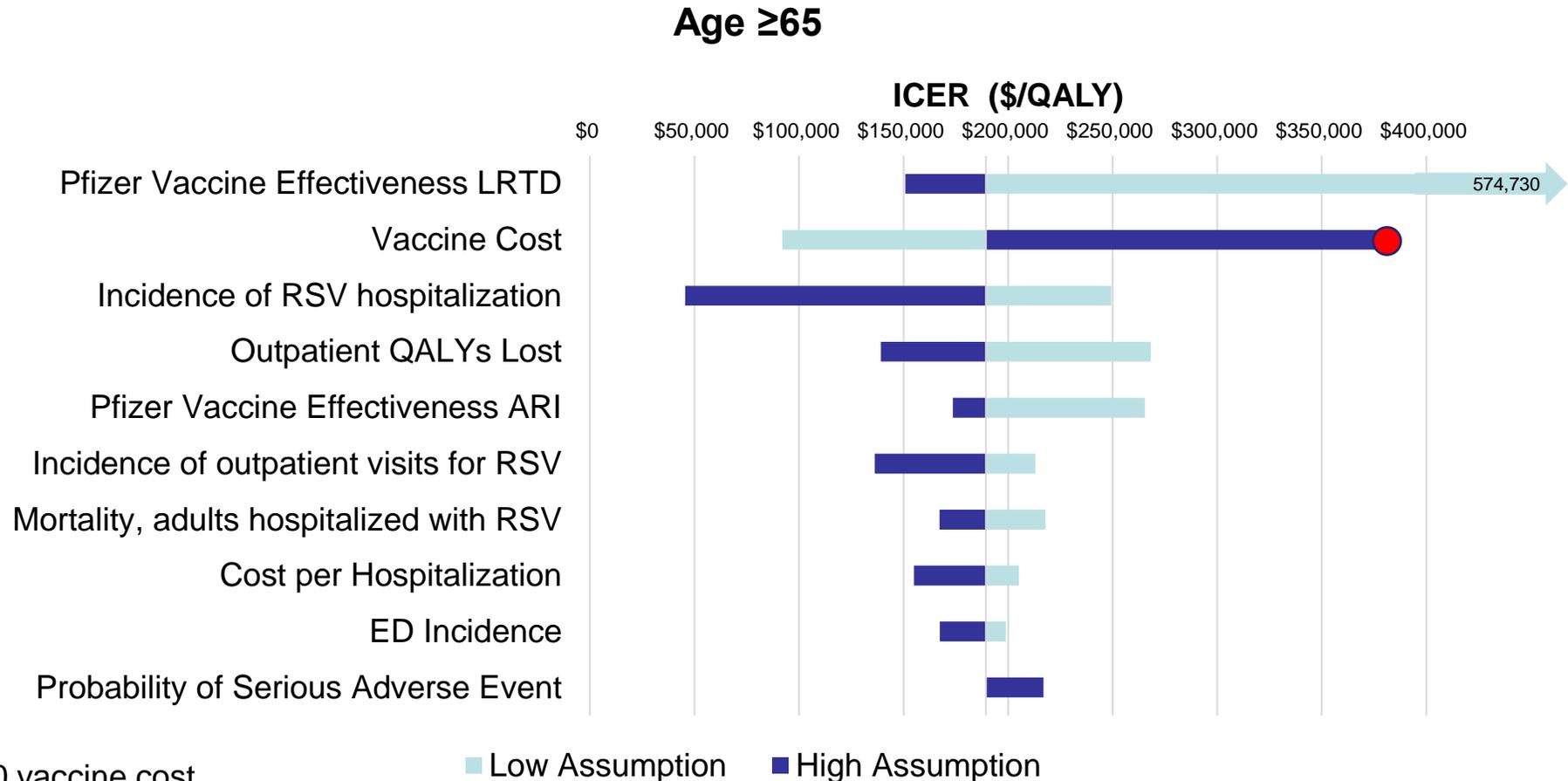
- Tornado Diagrams
  - one parameter varied at a time
- Age and Vaccine Cost
- Higher Incidence / Lower PCR Sensitivity

# Sensitivity analyses, GSK Tornado Diagram



\$100 vaccine cost  
 One Year Time Horizon  
 Age-based vaccination recommendation: ≥65 years

# Sensitivity analyses, Pfizer Tornado Diagram



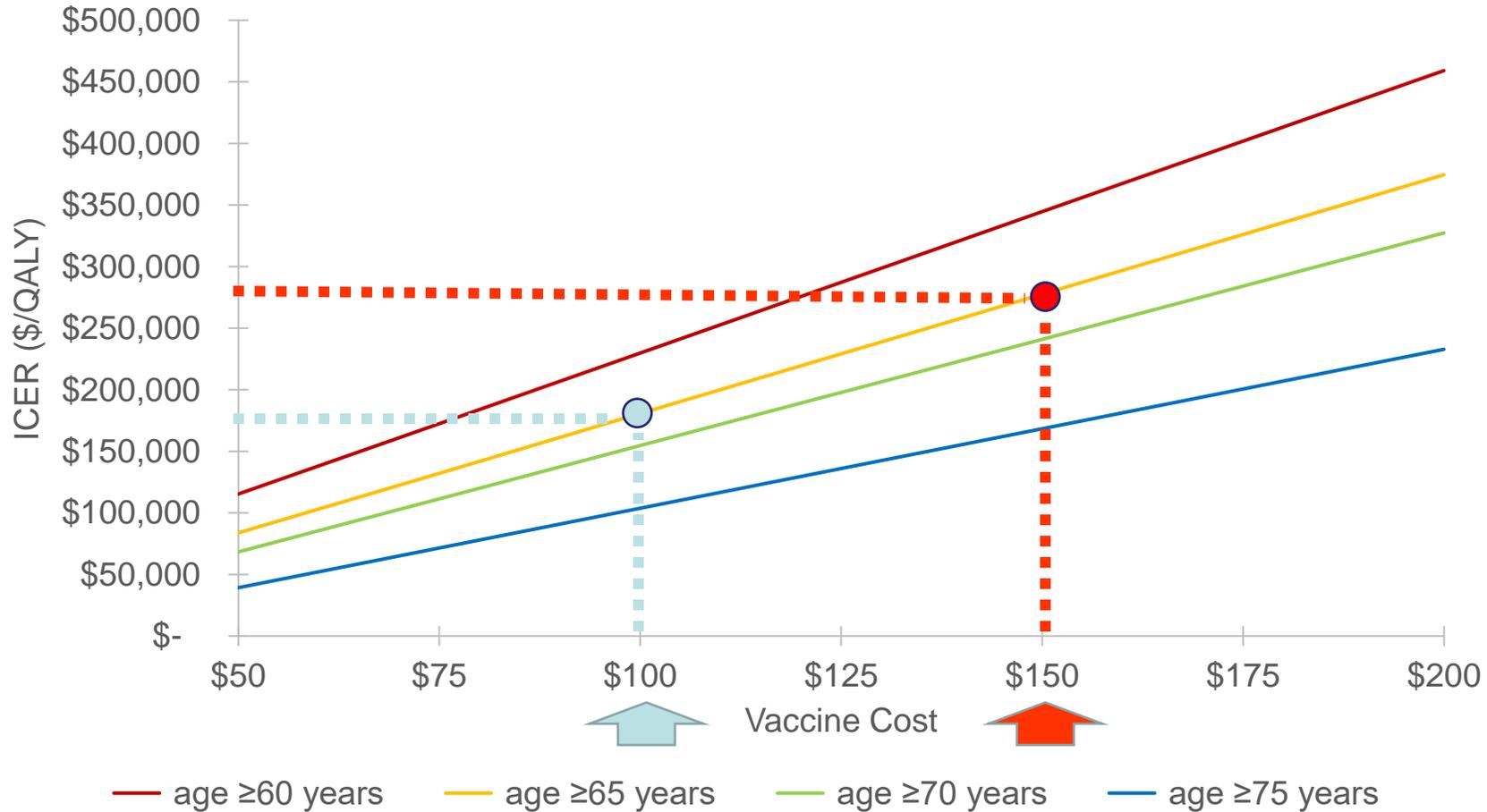
\$100 vaccine cost

One Year Time Horizon

Age-based vaccination recommendation: ≥65 years

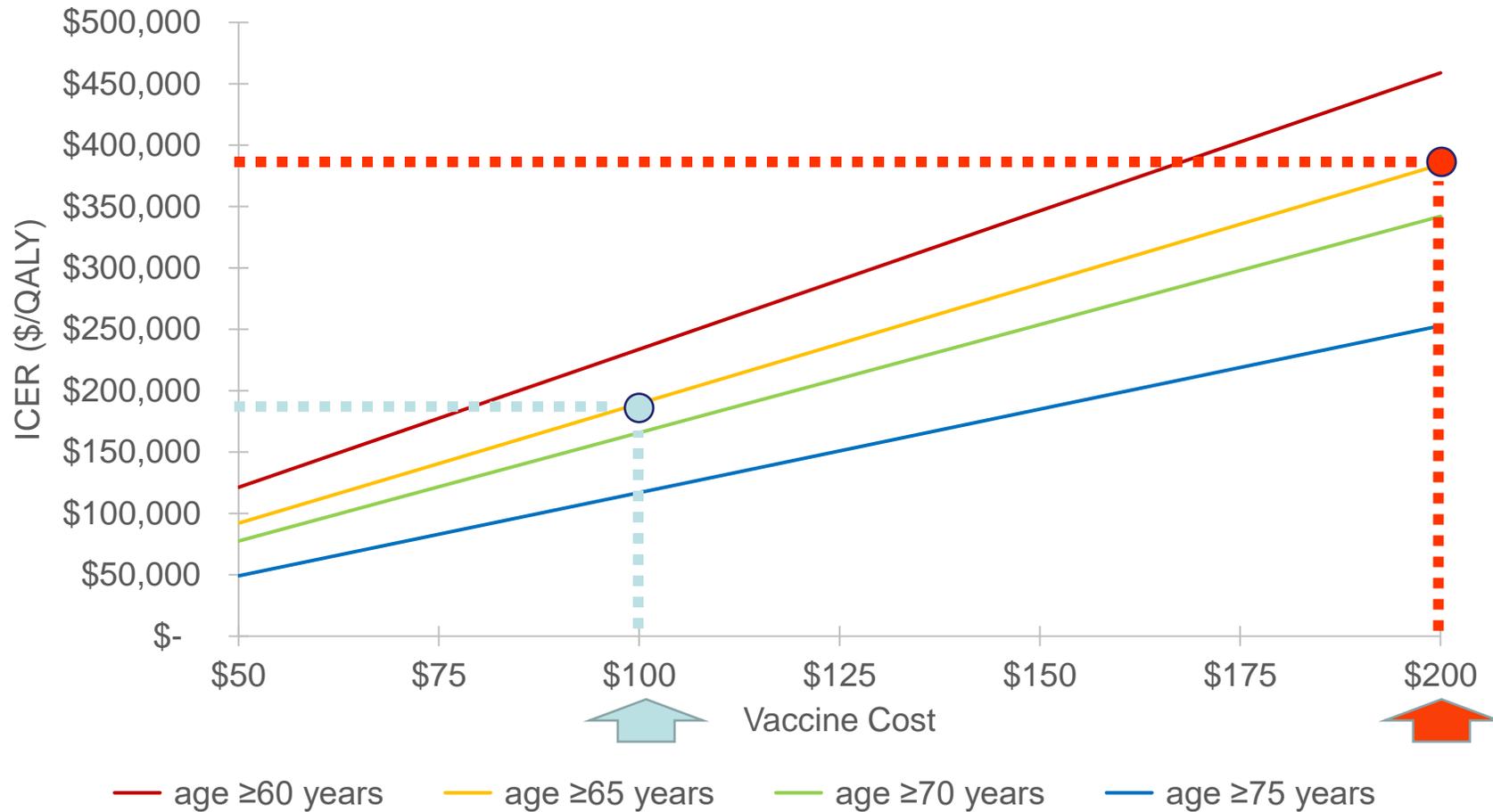
\* At low Pfizer vaccine efficacy, the ICER rises to \$574,730/QALY

# Sensitivity analysis: Vaccine Cost, GSK



One Year Time Horizon

# Sensitivity analysis: Vaccine Cost, Pfizer



One Year Time Horizon

# Sensitivity analyses, Higher Incidence

- Higher incidence in the next 2 slides assumes that RT-PCR test sensitivity is lower than 95% and that additional RSV testing modalities would detect more cases at every level of care<sup>1,2</sup>

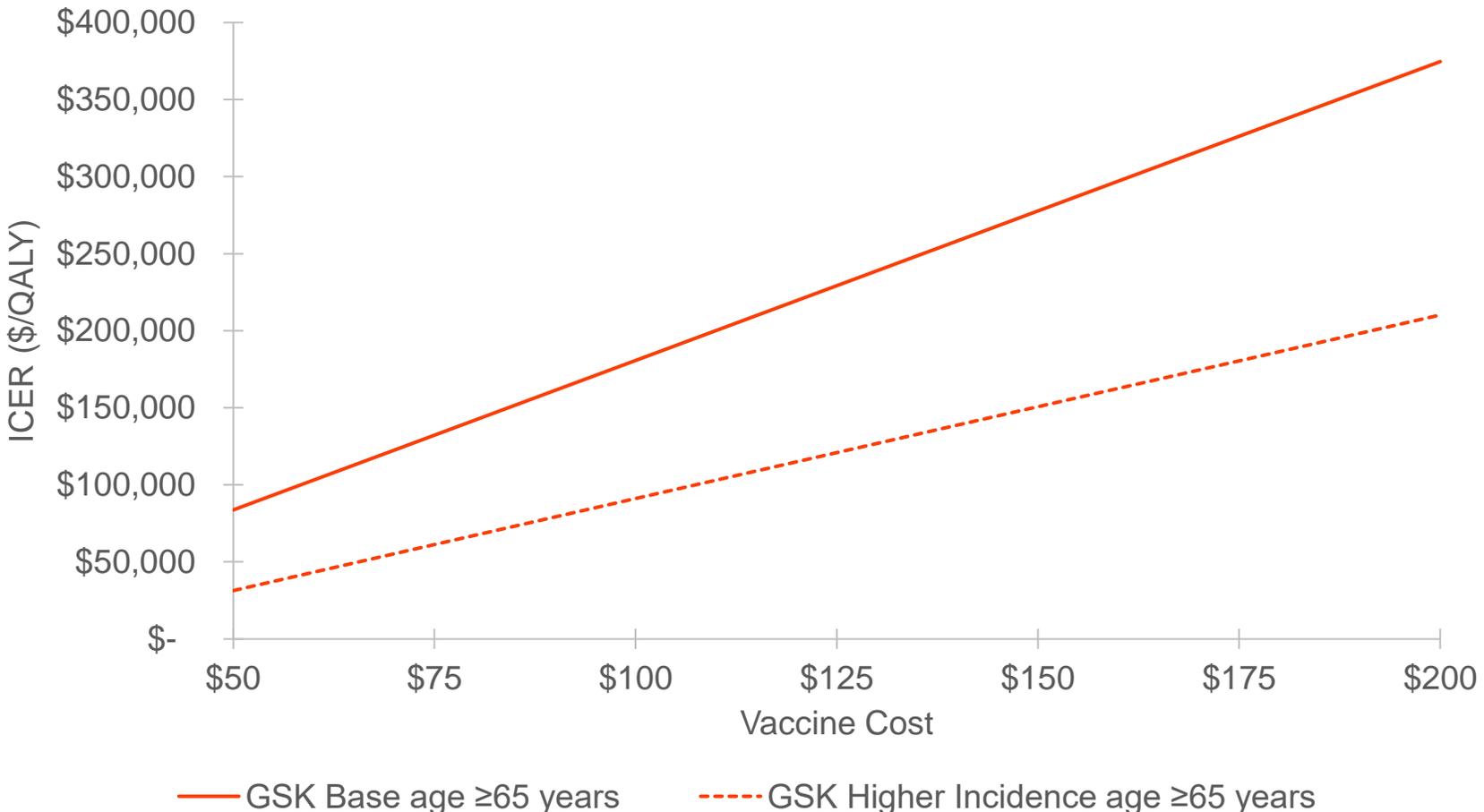
<sup>1</sup> For incidence of hospitalization (RSV-NET), in lieu of adjusting observed incidence for RT-PCR sensitivity of 95%, a 1.4x multiplier is implemented based on Zhang et al. 2016 .

Zhang Y, et al. Serology Enhances Molecular Diagnosis of Respiratory Virus Infections Other than Influenza in Children and Adults Hospitalized with Community-Acquired Pneumonia. *J Clin Microbiol.* 2016 Dec 28;55(1):79-89. doi: 10.1128/JCM.01701-16. PMID: 27795341; PMCID: PMC5228265.

<sup>2</sup> For incidence of outpatient and ED visits (McLaughlin et al. 2022), this applies the authors' multiplier of 1.5x to the lower (base case) incidence estimates.

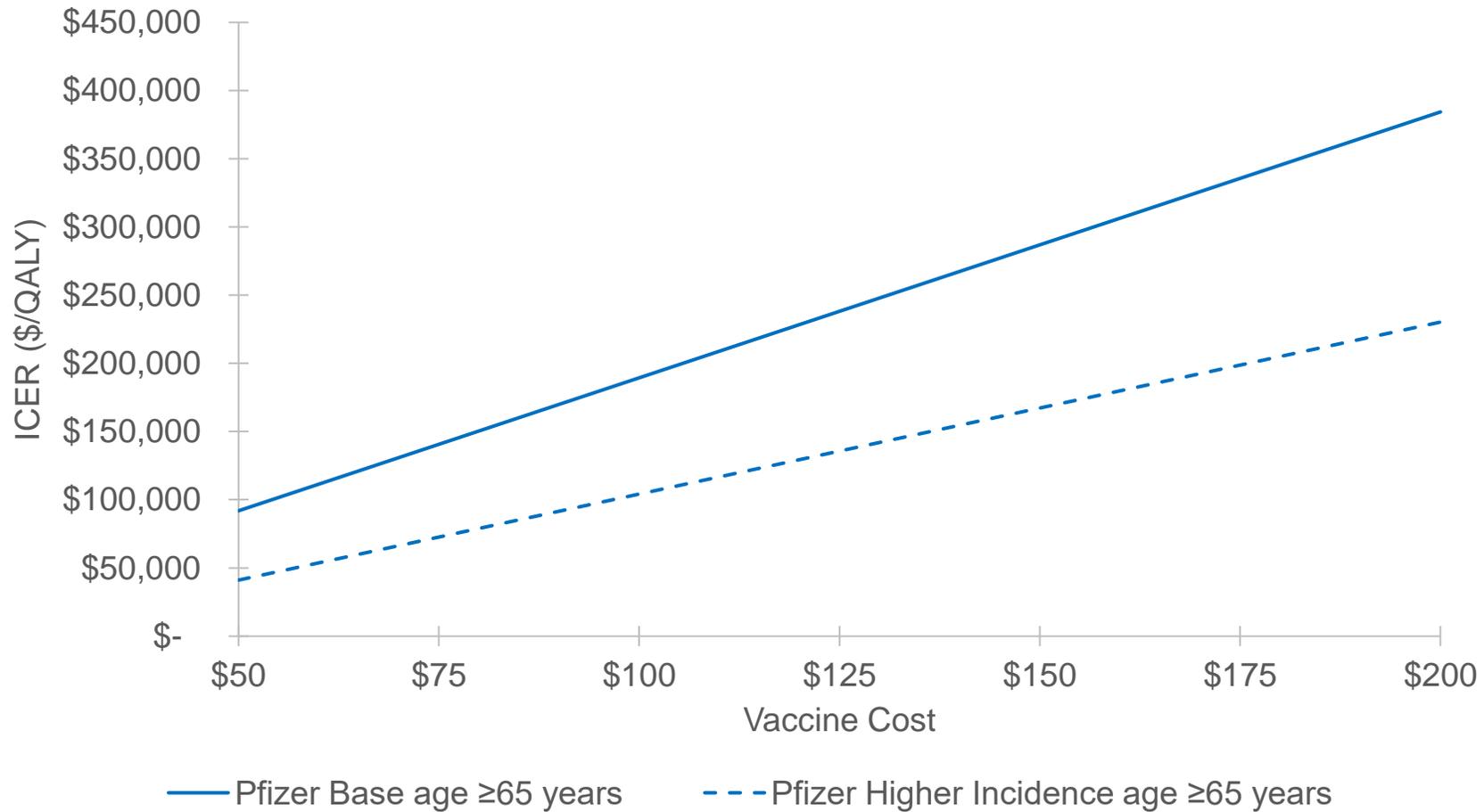
McLaughlin JM, et al. Rates of Medically Attended RSV Among US Adults: A Systematic Review and Meta-analysis. *Open Forum Infect Dis.* 2022 Jun 17;9(7):ofac300. doi: 10.1093/ofid/ofac300. PMID: 35873302; PMCID: PMC9301578.

# Sensitivity analyses, GSK Higher Incidence



Age-based vaccination recommendation: ≥65 years  
One Year Time Horizon

# Sensitivity analyses, Pfizer Higher Incidence



Age-based vaccination recommendation: ≥65 years  
One Year Time Horizon

# Limitations

- Model Structure
  - No risk groups
  - No dynamic transmission. No impact of the vaccine on transmission and indirect effects
  - No direct medical costs post-discharge (e.g. rehab)
- Uncertain inputs
  - Vaccine cost
  - RSV Incidence
  - Long-term efficacy

# Summary

- Results vary based on:
  - Vaccine Cost
    - ICER: ~80,000 - 385,000 \$/QALY
  - Vaccine Efficacy
    - ICER: ~150,000 - 575,000 \$/QALY
  - Ages Vaccinated
    - ICER: ~100,000 - 230,000 \$/QALY
  - Incidence of Hospitalization
    - ICER: ~30,000 - 250,000 \$/QALY

# Thank You

- Please send comments to:
- [dwhutton@umich.edu](mailto:dwhutton@umich.edu)